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GATEWAY

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE  
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GATEWAY, INC.  
ATTN: JEFFREY A. PROEHL  
610 GATEWAY DRIVE, MS Y-04  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

LORIBOULWARE (Depositor's name)  
*Lori Boulware* (Signature)  
NOVEMBER 22, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/418,518	10/08/1999	SUSAN R. SALL	P1511US00	6265

TITLE OF INVENTION:

METHOD AND APPARATUS HAVING MULTIPLE DISPLAY DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$0	\$1370	02/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEWIS, DAVID LEE	2673	345-905000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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ROSS HUNT JR.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GATEWAY, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

IRVINE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 2

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0439 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

*Ernest Lechner*

NOVEMBER 22, 2004

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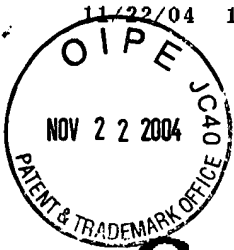
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01 EC:1501  
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<b>To:</b>	MS Issue Fee
<b>Dept./Co.:</b>	U.S. Patent Office
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<b>From:</b>	Frank Liebenow, Reg. No. 48,688
<b>Fax:</b>	605-232-2612
<b>Phone:</b>	605-232-1603
<b>RE:</b>	Pat. App. No. 09/416,516 (Docket # P1511US00)

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Transmitted herewith please find:

Part B – Fee(s) Transmittal

**CERTIFICATION UNDER 37 CFR §1.8:** The undersigned hereby certifies that this correspondence is being transmitted, via facsimile, to the Commissioner of Patents, Washington, D.C., on the date indicated above, and to the proper facsimile telephone number, shown above.

Name: Lori Boulware

Signature: 

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